


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90039 001 ****50.00

DOCUMENT # L05000086842

1. Entity Name
 2990 BISCAYNE BOULEVARD, LLC



Principal Place of Business
 520 BRICKELL KEY DRIVE, STE, 0-305
 MIAMI, FL 33131

Mailing Address
 520 BRICKELL KEY DRIVE, STE, 0-305
 MIAMI, FL 33131

2. Principal Place of Business
 Evergreen Overseas Holding
 Suite, Apt. #, etc.
 407 Lincoln Rd # 4-C

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Miami Beach, FL

City & State

Zip
 33139

Country
 USA



02282006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3405281**

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TRANSGLOBAL CORPORATE ADMINISTRATION, LLC
 520 BRICKELL KEY DRIVE, STE, 0-305
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name **EVERGREEN OVERSEAS HOLDING**

Street Address (P.O. Box Number is Not Acceptable)
407 LINCOLN ROAD

SUITE 4-C

City **MIAMI BEACH** FL Zip Code **33139**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UZAN, VICTOR 520 BRICKELL KEY DRIVE, STE, 0-305 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *V. Uzan* Date: 04/13/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #